

STATION#

**EVALUATOR** 

**INITIALS** 

STATION#

**EVALUATOR** 

**INITIALS** 

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STATION#

## VEMSES EMT PSYCHOMOTOR EXAM CANDIDATE

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT - PSYCHOMOTOR EXAMINATION TRACKING FORM

EXAM DATE:				EXAM S	SITE:			
EMT Candidate Name:								
INITIAL TEST								
	NUMA SSMENT	MEDICAL ASSESSMENT		RANDOM BASIC SKILLS				
STATION#	EVALUATOR INITIALS	STATION#	EVALUATOR INITIALS	Skill Chosen		STATION#	EVALUATOR INITIALS	
	INITIALS		INITIALS	☐ Airway ☐ Bleeding	☐ Joint☐ Long Bone☐ Traction☐	☐ K.E.D. ☐ Backboard		INITIALS
PSYCHOMOTOR RETEST CANDIDATE OR AUTHORIZED SAME-DAY RETEST								
TRAUMA MEDICAL ASSESSMENT ASSESSMENT				RANDOM BASIC SKILLS				
STATION#	EVALUATOR INITIALS	STATION#	EVALUATOR INITIALS		Skill Chosen		STATION#	EVALUATOR INITIALS
				☐ Airway ☐ Bleeding	☐ Joint☐ Long Bone☐ Traction	☐ K.E.D. ☐ Backboard		
OEMS-BLSPETF REV. 7/12								
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OEMS-BLSPETF REV. 7/12

☐ Airway ☐ Bleeding

Skill Chosen

☐ Long Bone

☐ Traction

□ K.E.D.

☐ Backboard

☐ Joint